THE HOSPITAL STAFFING CRISIS: ITS CAUSE AND ITS REMEDY*

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THIS conference called by the Academy is long overdue. Today, most of our municipal and voluntary hospitals find themselves in a most serious staffing crisis due to lack of foresight and to administrative somnolence.

Let us not blame the situation upon our medical schools and teaching hospitals because they are able to attract the best American medical graduates as interns and residents. Let us face realities! The internship and residency is no longer an apprenticeship. It is as important a part of medical education as the undergraduate years.

You will recall that about the turn of the century medical schools were forced by the rapidly advancing medical sciences, and the exposures of the late Abraham Flexner, to put their house in order. Against much vocal opposition within the medical profession, full-time faculties then assumed the responsibility for the direction of medical education and research in all schools throughout the country. Almost 100 medical schools which could not conform to the needs of the time closed their doors and vanished from the scene.

Today, all hospitals which propose to participate in the graduate training of physicians as preparation for future practice in medicine and its various specialties face an identical crisis. During the last half-century, the medical sciences essential to the modern practice of medicine have grown so enormously in breadth and scope that most graduates of American medical schools will not go to any hospital for their intern and residency training unless it is an educational institution, as well as a place for routine patient care. And by an educational institution for graduate training they mean:

1. A hospital with superior laboratories for all the basic medical sciences, staffed by full-time experts who are available to them as teach-

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ers and consultants throughout the day, and also

2. A hospital with full-time directors in the major departments of clinical medicine and surgery who can direct a graduate educational program of comprehensive scope, and utilize the talents, the experience and the skills of all of the visiting staff of the hospital.

Leaving aside, for the moment, the medical school hospitals, those voluntary hospitals in the City which have had sufficient foresight and initiative to put their house in order and meet the needs of the time for modern graduate medical education continue to attract American medical school graduates of high calibre in large numbers. I call your attention to the record of Montefiore Hospital in the Bronx; St. Vincent's, St. Luke's, Mount Sinai and Roosevelt Hospitals in Manhattan, Maimonides Hospital in Brooklyn; and Long Island Jewish Hospital in Queens. My own hospital modernized its laboratory services and put them all under full-time direction of outstanding experts 35 years ago. Seventeen years ago we again saw the handwriting on the wall and began to put our major clinical departments under the direction of paid full-time chiefs of services. Today we have full-time chiefs of clinical services in Medicine, Surgery, Obstetrics-Gynecology, Pediatrics, Psychiatry and Radiation Medicine, and are contemplating the extension of full-time directorships to some of the subspecialties of medicine and surgery. And yet the size of our attending staff is much larger today than ever before and they participate increasingly in the teaching program.

Let's face it! Aside from hospitals which are a part of medical schools, we shall eventually have only two kinds of voluntary and municipal hospitals in New York City:

Those organized and properly staffed as graduate teaching institutions which will attract all the graduates of American and Canadian medical schools and

Those which are not educational institutions but are nevertheless essential for routine patient care.

The latter will depend for their house staff either upon an insufficient number of inadequately educated foreign doctors, or be forced to employ an increasing number of salaried house officers in order to meet minimal standards of patient care.

You may ask: "Where will the money come for the upgrading and modernization of the laboratory services and for the salaries of full-

time chiefs of the various laboratory and clinical departments in hospitals which will serve as graduate educational institutions?" I can only answer by stating my conviction that there is no alternative and, therefore, the money must be found. In municipal hospitals it must come from government. In voluntary teaching hospitals it will come from the community as it did 50 years ago when the medical schools were modernized.

I am most unhappy about my friend and colleague, Dr. Lester Tuchman, who is valiantly fighting a rearguard action. By giving almost all his time to his hospital without any salary, he and his associates may postpone the day of reckoning. But how many others can afford to make this financial sacrifice for any length of time?

I have no fear, as he has, about losing the visiting staff when a hospital becomes a center of graduate medical education. The voluntary hospitals which have progressed in this direction have not encountered this experience. But I agree with Dr. Tuchman that voluntary hospitals have another important attraction for volunteer visiting physicians—beds for the hospitalization of their private patients, which are missing in our municipal hospitals.

To enhance their attraction for the visiting staff, City hospitals should set aside some semi-private beds for their staff doctors. In this day and age, as we approach almost universal insurance for hospital care of all our people, beds for the insured patients of the attending staff must be available at all hospitals, municipal and voluntary, if they are to retain their staffs. If the voluntary hospitals object to this because of the possible effect it may have upon their own private and semi-private bed occupancy, then the only alternative will be mergers between municipal hospitals and voluntary teaching hospitals to their mutual advantage. The visiting staff of each City hospital may then share the private and semi-private beds of the voluntary hospital of which it has become a part.

The voluntary hospitals have their choice between agreeing to semi-private beds in City hospitals, or to a merger between the voluntary and municipal hospital systems. The City hospitals cannot continue to retain a competent and dedicated attending staff unless the disadvantages from which they have long suffered are eliminated.